

AUGUSTA COUNTY SERVICE AUTHORITY

18 GOVERNMENT CENTER LANE, P.O. BOX 859, VERONA, VIRGINIA 24482 (540) 245-5670 FAX: (540) 245-5684



December 23, 2015

RECEIVED
DEQ – Valley

DEC 23 2015

Ms. Bev Carver
Department of Environmental Quality
P.O. Box 3000
Harrisonburg, VA 22801-3000

To: _____
FILE: _____

RE: Harriston WWTP Permit Renewal Application (VA0027901)

Dear Ms. Carver:

Enclosed is the original permit renewal application for the Harriston WWTP.

The Augusta County Service Authority requested a waiver for Part D on EPA Form 3510-2A on January 20, 2015 which was granted. We are also requesting a waiver for Part E which is required for plants with a design flow of 0.1 mgd or greater and/or have an approved pretreatment program. Harriston's current average flow is 0.031 mgd. Since the Service Authority has a county-wide pretreatment program, Harriston is currently included; however, there are no industries on the Harriston system. The requested information requires very expensive testing for a small amount of flow.

The Augusta County Service Authority submitted E Coli data in lieu of fecal coliform data on Part 2A, Section A12. The Water Quality Standards now specify E Coli to be tested in lieu of fecal coliform.

If you have any questions, please contact me at (540) 245-5677.

Sincerely,

Jean E. Andrews
Lab and Compliance Manager

/ja

xc: Ken Fanfoni, ACSA



FACILITY NAME AND PERMIT NUMBER:

Harriston WWTP VA0027901

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Harriston WWTP

Mailing Address PO Box 859
Verona, VA 24482

Contact person Kenneth J. Fanfoni

Title Executive Director

Telephone number (540) 245-5670

Facility Address 125 Essex Road, Grottoes VA 24441
(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0027901 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Harriston</u>	<u>280</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>280</u>			

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

_____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or

_____ intermittent?

Harriston WWTP VA0027901

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location
- | | |
|-------------------------------|-----------------------|
| (City or town, if applicable) | (Zip Code) |
| <u>Augusta</u> | <u>VA</u> |
| (County) | (State) |
| <u>38° 12' 49.18"</u> | <u>78° 50' 00.52"</u> |
| (Latitude) | (Longitude) |
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.031 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
- _____ Yes ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

- a. Name of receiving water South River
- b. Name of watershed (if known) Potomac Basin, Shenandoah Subbasin
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Potomac Basin
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Harriston WWTP VA0027901

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

Primary

☒

Secondary

Advanced

Other. Describe: _____
- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal

85+ %

Design SS removal

85+ %

Design P removal

%

Design N removal

%

Other _____

%
- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine

If disinfection is by chlorination, is dechlorination used for this outfall?

☒

Yes

No

d. Does the treatment plant have post aeration?

Yes

☒

No
- A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.
- Outfall number: 001

** See attached sheet
- | PARAMETER | MAXIMUM DAILY VALUE | | AVERAGE DAILY VALUE | | |
|----------------------|---------------------|-------|---------------------|-------|-------------------|
| | Value | Units | Value | Units | Number of Samples |
| pH (Minimum) | 6.3 | s.u. | | | |
| pH (Maximum) | 8.6 | s.u. | | | |
| Flow Rate | 0.432** | MGD | 0.038 | MGD | 791 |
| Temperature (Winter) | 18 | ° C | 10 | ° C | 370 |
| Temperature (Summer) | 30 | ° C | 23 | ° C | 408 |
- * For pH please report a minimum and a maximum daily value
- | POLLUTANT | MAXIMUM DAILY DISCHARGE | | AVERAGE DAILY DISCHARGE | | | ANALYTICAL METHOD | ML / MDL |
|-----------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
| | Conc. | Units | Conc. | Units | Number of Samples | | |
- CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.
- | | | | | | | | | |
|--|--------|------|-------|------------|-------|----|----------|----------|
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5 | 35 | mg/L | 10 | mg/L | 22 | SM 5210B | 2 mg/L |
| | CBOD-5 | | | | | | | |
| FECAL COLIFORM E.coli | | 687 | n/cml | 2 Geo Mean | n/cml | 38 | Idexx | 1 n/cml |
| TOTAL SUSPENDED SOLIDS (TSS) | | 54.0 | mg/L | 12.1 | mg/L | 31 | SM 2540D | 1.0 mg/L |
- END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE
- EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

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BASIC APPLICATION INFORMATION**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ 5,500 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

ACSA has a dedicated I&I crew which investigates and repairs problems that are found.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes ____ No

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- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____ Yes ____ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	9.12	mg/L	1.51	mg/L	58	SM 4500-NH3 D	0.20 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	3.0	mg/L	1.4	mg/L	267	Hach 8167	0.1 mg/L
DISSOLVED OXYGEN	13.1	mg/L	7.2	mg/L	755	SM4500-O G	0.1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	14.44	mg/L	4.15	mg/L	58	SM 4500-Norg C	0.50 mg/L
NITRATE PLUS NITRITE NITROGEN	9.40	mg/L	2.72	mg/L	58	SM 4500-NO3 F	0.05 mg/L
OIL and GREASE	<5	mg/L	<5	mg/L	1	EPA 1664ARevA	5.0 mg/L
PHOSPHORUS (Total)	4.83	mg/L	3.20	mg/L	58	SM 4500-P E	0.05 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	206	mg/L	206	mg/L	1	SM 2540C	10 mg/L
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

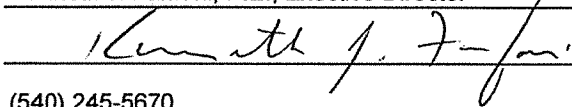
☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kenneth J. Fanfoni, P.E., Executive Director

Signature



Telephone number (540) 245-5670

Date signed

12/22/15

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Harriston WWTP VA0027901 - additional information

A.12 (and A.6) – Maximum Flow Rate: this was recorded as 0.432 MGD for last year. However, that is not representative of a typical maximum flow rate for this facility. The number was recorded when the lagoon was being emptied so that the liner could be inspected and ultimately replaced. A more accurate number would be the number for this past year which was 0.264 MGD.

Sewage Sludge Permit Application: Harriston is a lagoon system which does not “produce” an annual amount of sludge. In 2014, 71.39 DMT of biosolids were land applied when the lagoon was cleaned. This volume had accumulated since 1994. It is anticipated that the lagoon will not be cleaned for at least 20 years.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Augusta County Service Authority
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. **Is this facility located within city or town boundaries?** ☐ YES ☒ NO
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 39-65F
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0
5. **ALL FACILITIES: What is the design average flow of this facility?** 0.100 MGD
Industrial facilities: **What is the maximum 30-day avg. production level (include units)?** NA
In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☒ YES ☐ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: 0.04 MGD
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**
Public Sewer
100 % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities: ☐ 0 ☐ 1-49 ☒ 50 or more
 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
☒ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☐ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry
☐ Lake or pond at or below the discharge point
☐ Other: _____

9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Please provide email: jandrews@co.augusta.va.us

- ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

Jean Andrews

From: Carver, Beverley (DEQ) [Beverley.Carver@deq.virginia.gov]
Sent: Wednesday, January 21, 2015 4:12 PM
To: Jean Andrews
Cc: Jeffries, Dawn (DEQ)
Subject: FW: Waiver Request for Harriston WWTP
Attachments: FW: Question

Hi Jean,

This email is in response to your waiver request for the Form 2A Part D. Expanded Effluent Testing for Harriston WWTP (VA0027901). As you know, the Part D chemical testing is required for POTWs with design flows greater than or equal to 1.0 MGD or POTWs with a pretreatment program. The design flow for the Harriston WWTP is 0.10 MGD and it is part of the Augusta County Service Authority Pretreatment Program. However, no Significant Industrial Users discharge to the Harriston WWTP. Attachment A chemical monitoring has been conducted per the permit requirements. The parameters have been screened using DEQ procedures and no further monitoring has been required.

Also, the Part D waiver request was approved during the previous permit reissuance in 2010.

Finally, DEQ requires Part D testing for all major municipal permits with each permit reissuance, but Harriston WWTP is classified as Minor Municipal. Therefore, your request for waiver of the Part D monitoring is granted.

EPA will review the draft permit for Harriston WWTP because this facility has several TMDL WLAs. Per Guidance Memo No. 14-2003 (also known as the 2014 VPDES Permit Manual), EPA no longer responds to application waiver requests. However, EPA can object to the draft permit. If EPA objects to the draft permit, there will not be enough time to conduct the monitoring before the permit expires on June 30, 2016.

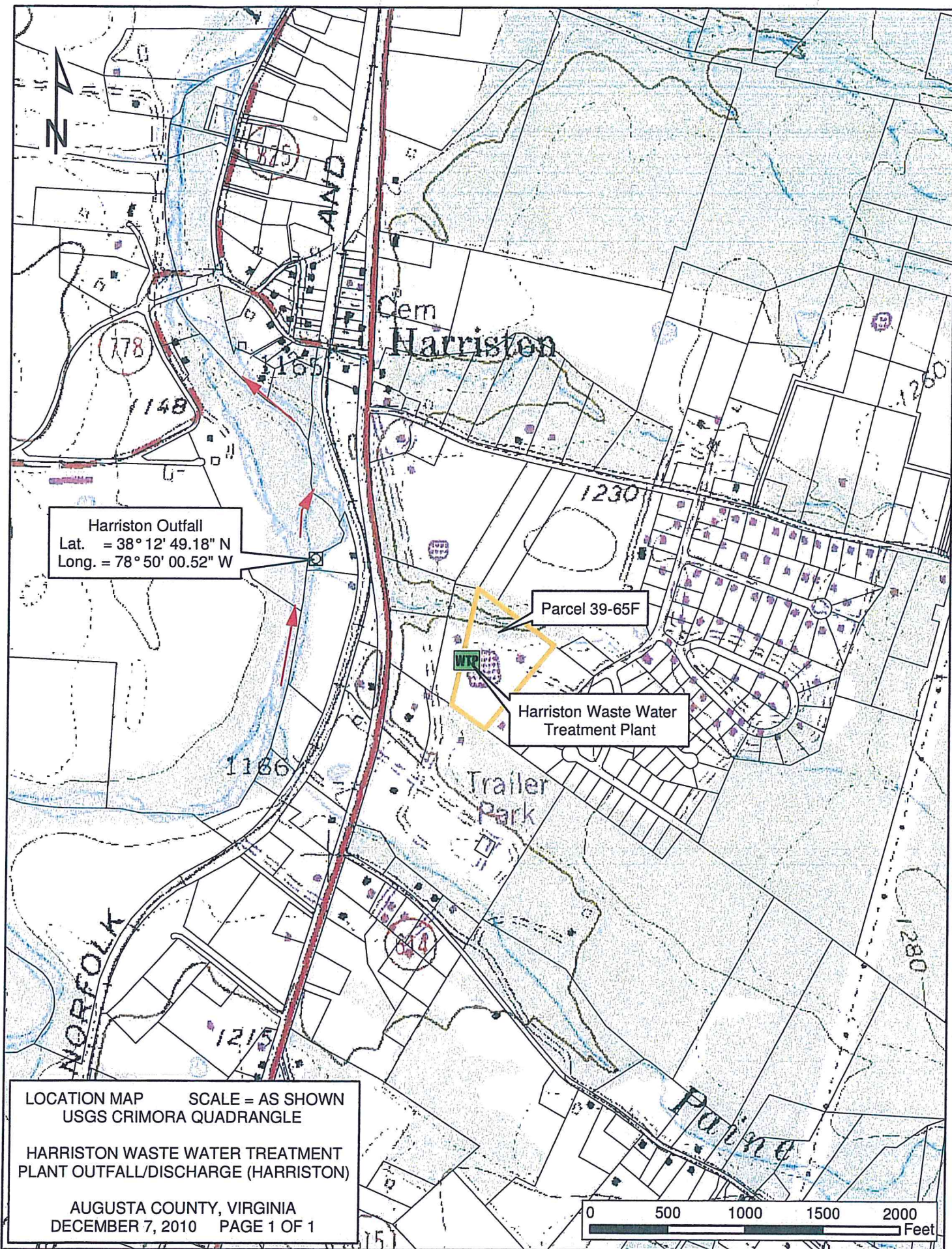
Bev

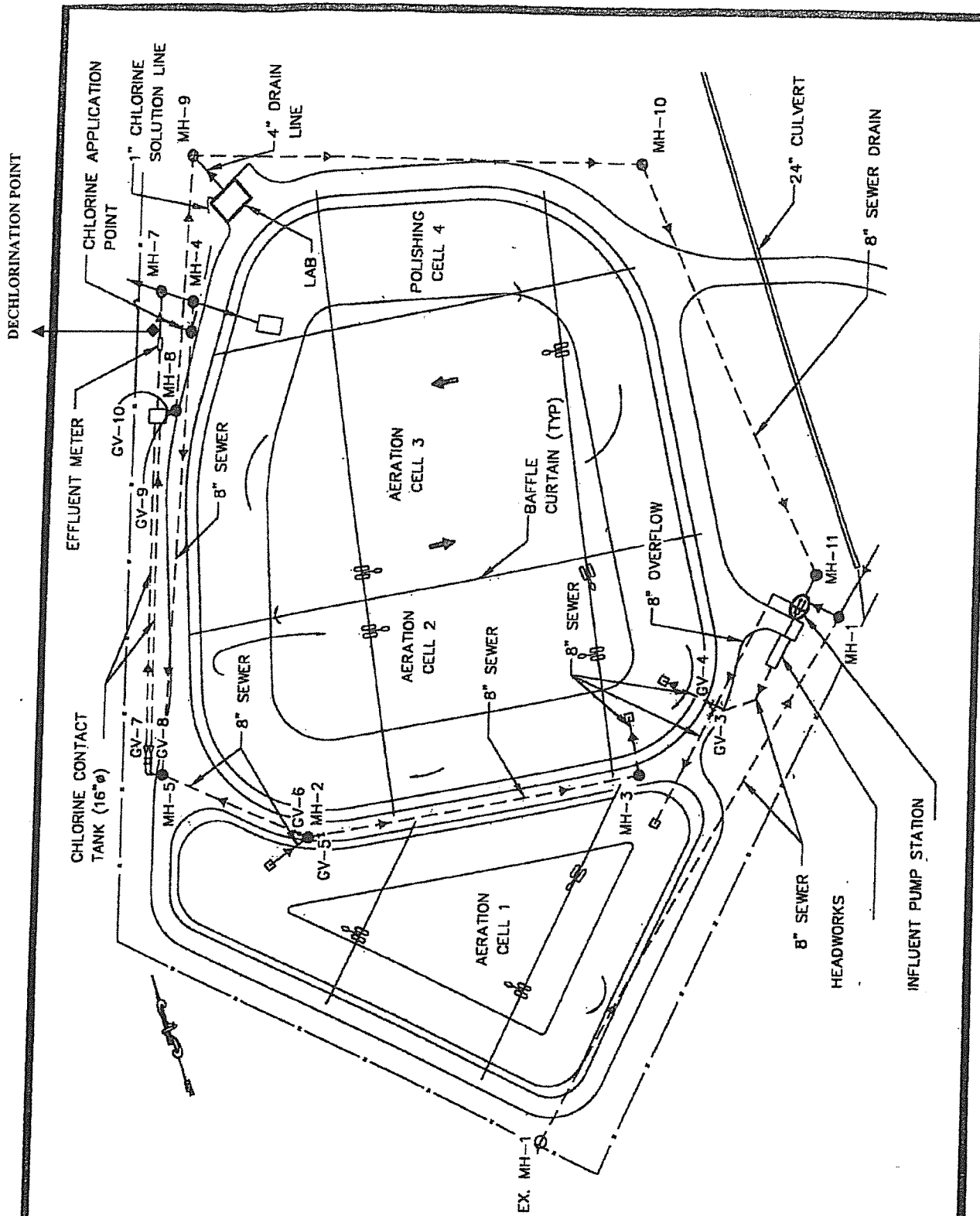
From: Jeffries, Dawn (DEQ)
Sent: Tuesday, January 20, 2015 1:48 PM
To: Carver, Beverley (DEQ)
Subject: FW: Waiver Request for Harriston WWTP

Bev,
 This one is yours plus one other I'll send.
 Kinda early, but you know Jean is on it!

From: Jean Andrews [<mailto:jandrews@co.augusta.va.us>]
Sent: Tuesday, January 20, 2015 1:42 PM
To: Jeffries, Dawn (DEQ)
Subject: Waiver Request for Harriston WWTP

1/21/2015





PLANT SITE AND
PIPING PLAN

FIGURE V-1

AUGUSTA COUNTY
SERVICE AUTHORITY
HARRISTON WASTEWATER
TREATMENT PLANT

Dowberry & Davis
Architects Engineers Planners Surveyors
1561 East Cary Street, Suite 600
Richmond, Virginia 23219 ☎ 604 643 8031 FAX 804 643 8302

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Harriston WWTP

VPDES Permit No: VA0027901

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☒ A back up method of sludge disposal

a. Receiving Facility Name

Middle River Regional WWTP

b. Receiving Facility VPDES Permit No.

VA0064793

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge Landfill (primary) or land application (secondary)

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☐ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☒ Yes ☐ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☒ Yes ☐ No

Biosolids are land applied under the authorization of a ☒ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

Houff Feed and Fertilizer

b. Permit No.

VPA01566

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☒ Yes ☐ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. Four
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☒ Yes ☐ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. Four
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☒ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☒ Yes ☐ No
If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Kenneth J. Fanfoni, Executive Director

Signature 

Telephone number / Email (540) 245-5670 / kfanfoni@co.augusta.va.us

Date signed 12/22/15

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

NOTICE AND NECESSARY INFORMATION

Biosolids notification requirements to comply with 9VAC25-31-530.F – G or 9VAC25-32-313.G – H.

Part I – To be completed by PREPARERS of biosolids and provided to the person who applies or receives those biosolids

Facility Name: Harriston WWTP Permit Number: VA0027901

A. Metals Limitations

Sample Date(s): 6/10/14 Number of Samples: 1

Parameters	Concentrations		PC/CPLR Limitations	Ceiling Limitations ⁽²⁾
	Monthly Average (mg/kg) ⁽¹⁾	Maximum (mg/kg) ⁽¹⁾	Monthly Average (mg/kg) ⁽¹⁾	Maximum (mg/kg) ⁽¹⁾
Total Arsenic	4.2	4.2	41	75
Total Cadmium	2.5	2.5	39	85
Total Copper	610	610	1,500	4,300
Total Lead	29	29	300	840
Total Mercury	0.6	0.6	17	57
Total Molybdenum	8	8	NL ⁽³⁾	75
Total Nickel	18	18	420	420
Total Selenium	8.7	8.7	100	100
Total Zinc	1,150	1,150	2,800	7,500

(1) Values to be reported on a dry weight basis.

(2) Sludge may not be land applied if any pollutant exceeds these values.

(3) The monthly average concentration for molybdenum is currently under study by USEPA. Research suggests that a monthly average molybdenum concentration below 40 mg/kg may be appropriate to reduce the risk of copper deficiency in grazing animals.

B. Class B Pathogen Reduction

Class B biosolids pathogen reduction requirements were achieved in accordance with 9VAC25-31-710.B or 9VAC25-32-675.B by:

☒ Alternative 1: Fecal coliform testing -geometric mean of 7 samples

☐ Alternative 2: Process to Significantly Reduce Pathogens (PSRP) - if selected, indicate process below:

☐ Option 1 - Aerobic digestion

☐ Option 2 - Air drying beds

☐ Option 3 - Anaerobic digestion

☐ Option 4 - Composting

☐ Option 5 - Lime Stabilization

☐ Other: _____

NOTICE AND NECESSARY INFORMATION

C. Vector Attraction Reduction (VAR)

- ☒ VAR requirements for Class B biosolids were achieved in accordance with 9VAC25-31-720.B.1 – 8 or 9VAC25-32-685.B.1 – 8 by:
- ☐ Option 1: $\geq 38\%$ volatile solids reduction
 - ☐ Option 2: Anaerobic 40 day bench test
 - ☐ Option 3: Aerobic 30 day bench test
 - ☒ Option 4: Specific Oxygen Uptake Rate (SOUR) test
 - ☐ Option 5: Aerobic process, 14 days @ 40°C (45°C)
 - ☐ Option 6: Alkaline stabilization
 - ☐ Option 7: Dry to $\geq 75\%$ T.S. w/no unstabilized 1° sludges
 - ☐ Option 8: Dry to $\geq 90\%$ T.S.

OR

- ☐ VAR requirements for Class B biosolids were **not** achieved in accordance with 9VAC25-31-720.B.1 – 8 or 9VAC25-32-685.B.1 – 8; therefore, Option 9 (Injection) or Option 10 (Incorporation) is required at the land application site.

D. Nutrient Concentrations

Sample Date(s): 6/10/14

Number of Samples: 1

Parameters	Concentrations	
	Monthly Average (mg/kg) ⁽¹⁾	Maximum (mg/kg) ⁽¹⁾
Total Nitrogen as N (TKN)	725	725
Total Phosphorus as P (P ₂ O ₅)	1,260	1,260

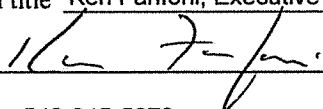
*Values to be reported on a dry weight basis.

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Ken Fanfoni, Executive Director

Signature



Date Signed

12/22/15

Telephone number 540-245-5670

Augusta County Service Authority
2014 Biosolids Summary

Facility	Sample Date	Solids		TKN mg/kg	Ammonia mg/kg	NO ₃ -NO ₂ mg/kg	Organic Nitrogen		Phosphorus		Available P ₂ O ₅ mg/kg
		%	mg/kg				mg/kg	%	mg/kg		
Harriston	6/10/2014	2.10	21,400	725	72.7	<2.04	653	1.41	14,100	1,260	

Facility	Sample Date	Potassium mg/kg	Alkalinity		pH S.U.	Moisture %	Total Volatile Solids	
			mg/kg	mg/kg			%	%
Harriston	6/10/2014	1,920	535	7.46	97.9	65.9		

Digester	Fecal Coliforms
Sample #1	1,000
Sample #2	1,230
Sample #3	24,700
Sample #4	4,210
Sample #5	1,000
Sample #6	1,000
Sample #7	1,000
Geo Mean	2,000

Fecal Coliforms are reported as CFU/g. REIC Labs conducted the fecal coliform and metals tests.

SOUR	1.05
------	------

SOUR reported as mg O₂/hr/g. SOUR tested by ACSA.

% Total Solids	1.1
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	Arsenic mg/kg	Cadmium mg/kg	Chromium mg/kg	Copper mg/kg	Lead mg/kg	Mercury mg/kg	Molybdenum mg/kg	Nickel mg/kg	Selenium mg/kg	Zinc		PCBs mg/kg
										mg/kg	mg/kg	
Harriston	4.2	2.5	30	610	29	0.6	8	18.0	8.7	1,150	ND <0.017	
EPA Ceiling*	75	85	3,000	4,300	840	57	75	420	100	7,500		
EPA Exceptional **	41	39	1,200	1,500	300	17	N/A	420	100	2,800		

* EPA Ceiling Concentration for Pollutants for all Sewage Sludge Applied to Land (mg/kg).

** EPA Pollutant Concentration for Exceptional Quality Sewage Sludge (mg/kg).

**VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES INDUSTRIAL ACTIVITY STORMWATER PERMITTING**

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its stormwater discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in stormwater discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9VAC25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. Facility Operator Information

Name: Augusta County Service Authority

Mailing Address: PO Box 859

City: Grottoes State: VA Zip: 24441 Phone: 540-245-5670

2. Facility/Site Location Information

Facility Name: Harriston WWTP

Address: 125 Essex Road

City: Grottoes State: VA Zip: 24441

County Name: Augusta

Latitude: 38°12' 43.39" Longitude: 78°49' 47.68"

3. Was the facility or site previously covered under a VPDES stormwater permit? Yes ☐ No ☒

If "Yes", enter the VPDES permit number: _____

4. SIC/Activity Codes: Primary: 4952 Secondary (if applicable): _____

5. Total size of facility/site associated with industrial activity: 17 acres

6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion? Yes ☐ No ☒

If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether stormwater discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre ☐ One to five acres ☐ More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) If you answer "Yes" to any of these questions (1) through (11), you are **NOT** eligible for the No Exposure exclusion.

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Materials or residuals on the ground or in stormwater inlets from spill/leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Materials or products from past industrial activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to stormwater does not result in the discharge of pollutants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES stormwater permitting; and that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9VAC25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of stormwater associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Kenneth J. Fanfoni

Print Title: Executive Director

Email Address: kfanfoni@co.augusta.va.us

Signature: 

Date: 12/22/15

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in The Staunton News Leader in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Augusta County Service Authority

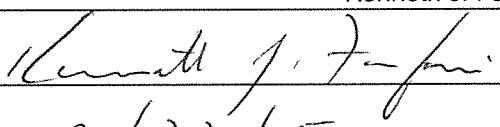
Owner: _____

Agent/Department Address: PO Box 859

Verona, VA 24482

Agent's Telephone No.: 540-245-5670

Printed Name: Kenneth J. Fanfoni

Authorizing Agent – Signature: 

Date: 12/22/15

Facility Name: Harriston WWTP

VPDES Permit No. VA VA0027901

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Harriston WWTP

Permit Number: VA0027901

Owner Name: Augusta County Service Authority

Owner Address: PO Box 859
Verona, VA 24482

Billing Contact Name: Kenneth J. Fanfoni

Title: Executive Director

Phone Number: 540-245-5670

E-Mail Address: kfanfoni@co.augusta.va.us

FACILITY NAME: Harriston WWTP
ADDRESS: 125 Essex Road
Grottoes, VA 24441

Permit No. VA0027901
Attachment A
Page 1 of 1

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING

OUTFALL NO. 001

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
PESTICIDES/PCBS						
333-41-5	Diazinon	(3)	(4)	<1 ug/L	G	1/5 YR

Kenneth J. Fanfoni, P.E., Executive Director

Name of Principal Exec. Officer or Authorized Agent/Title

Kenneth J. Fanfoni

12/22/15

Signature of Principal Officer or Authorized Agent/Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Footnotes to Water Quality Monitoring Attachment A

- (1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained.

- (2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

- (3) Any approved method presented in 40 CFR Part 136.

- (4) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.